

Introduction to Effective Communication Skills for Peer Specialists in VHA

Mark Parker, BA, Certified Peer Specialist
Patricia Sweeney, Psy.D., CPRP

Learning Objectives

- Review the basic skills associated with effective communication.
- Discuss how communication is influenced by a number of contextual factors (who, when, where, & what).
- Discuss the influence of culture on communication.
- Discuss some of the personal factors that affect communication (perception, belief systems, values, opinions, & education/training).
- Discuss how communication changes depending on use of technology (telephone, email, text messaging, etc.) and the rules that peer specialists in VHA need to know about using these communication tools.

Necessity of Effective Communication in Providing Peer Support Services in VHA

This is important because:

- Results are important when working under pressure or time constraints. Communicating in an effective manner with Veterans and other health care providers can be a valuable timesaver and produce the desired results.
- Critical care life issues can become the norm in the life of a Veteran who is in recovery. Effective communication and timely responses to the Veteran's concerns can relieve undue anxiety, stress, and worry for the Veteran and help connect him/her to needed services and resources.
- Effectively communicating as a member of an interdisciplinary team is important because it ensures that all members of the team are well-informed regarding a Veteran's health care services—and results in a level of continuity of care that has been proven to be most beneficial in the lives of the Veterans that we serve.

Related VHA Peer Support Staff Competencies

Here are some of the expected knowledge and skills for VHA peer specialists that are related to effective communication skills.

Communication Domain

- Practices patience, kindness, warmth, and dignity with everyone that the peer specialist interacts with in his/her work.
- Uses respectful, strengths-oriented language in interpersonal interactions with Veterans, Veterans' families, and colleagues as well as documentation of the peer specialist's work.
- Recognizes when to ask questions or share personal experiences and when to listen.
- Asks open-ended questions that allow more information to be shared and can allow an individual to discover his/her own inner wisdom.
- Listens to others with careful attention to the content and emotion being communicated.
- Demonstrates understanding and validates others' experiences and feelings.
- Communicates in a timely manner with other members of a Veteran's treatment team and shares all relevant information needed to assist the Veteran with his/her goals and current needs.

VETERANS HEALTH ADMINISTRATION

Peer Support Practices Domain

- Develops collaborative relationships with Veterans as part of a treatment team to assist Veterans' engagement with services that are beneficial to their recovery.

Managing Crisis and Emergency Situations Domain

- Provides reassurance and support to Veterans in distress and works collaboratively with colleagues to connect the Veterans with clinical providers' services when needed.

Workplace Skills Domain

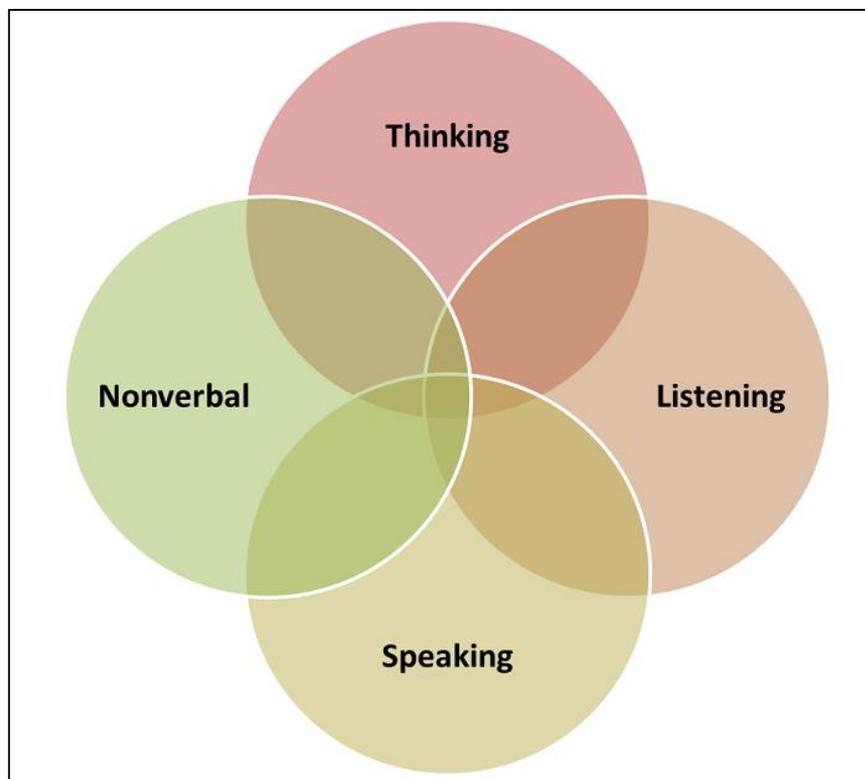
- Participates as an active member in interdisciplinary team discussions.
- Demonstrates effective communication skills and professionalism in use of technologies (ex. phone, email).

Cultural Competence Domain

- Demonstrates understanding of how race, ethnicity, spirituality, gender, sexual orientation, military background, socioeconomic status, and other subcultural influences can impact an individual's belief systems, interpersonal interactions, and approach to recovery.
- Demonstrates understanding of own personal values and culture and how they may contribute to beliefs, judgment, and biases in how to approach the peer specialist's work.
- Demonstrates capability in interacting sensitively and effectively with individuals from various cultural backgrounds.

4 Basic Communication Skills

Each of these skills can help you communicate more effectively in your role as a peer specialist:



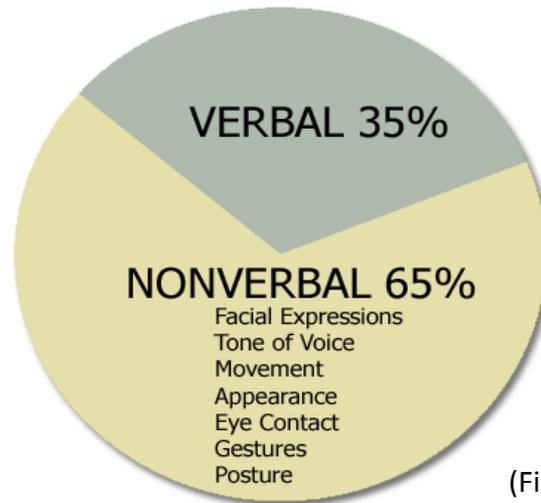
Thinking

Remember:

- Effective communication takes planning and preparation.
- Have a desired objective of what you want to achieve in the communication (ex. asking for help with a task; sharing relevant information with others).
- Plan the main points that you want to convey.
- Have a clear idea of how you will convey your points to optimize timeliness and effectiveness (ex. email, phone call, or in-person communication). Be as concise and precise as possible with your message.



Verbal & Nonverbal Communication



(Figure 2: Timmins, n.d.)

- Verbal Communication:

Use of questions, supportive statements, and minimal encouragers (ex. “Uh-huh,” “Tell me more”) encourage the conversation to continue and deepen.

- Nonverbal Communication:

Communication is not just about what we say. Our facial expressions, tone of voice, movement, appearance, eye contact, gestures, and posture all play a part in how we communicate with others.

Verbal Communication: Open- & Close-Ended Questions

- Open-Ended Questions:

Asked in a way that elicits more comprehensive answers. Open-ended questions usually begin with “What,” “How,” “When,” and “Where.”

Examples: “How can I be of assistance to you today?” “What are your current goals?”

- Close-Ended Questions:

Usually begin with “Is,” “Do,” “Are,” and “Were” and call for brief, “Yes”/“No” types of answers. Close-ended questions can be helpful (or not) depending upon the length of time available for the interaction and the information that you need to obtain. For interactions that are brief in length, close-ended questions are useful for obtaining needed information quickly.

Examples: “What time is the meeting tomorrow?” “Do you feel sad?” “Do you want to hurt yourself?”

Nonverbal Communication Tips

- Maintain a relaxed posture while sitting or standing.
- Nod your head occasionally to demonstrate that you are listening.
- Maintain culturally appropriate eye contact.
- Keep your tone of voice neutral, positive, and relaxed.
- Face the person speaking to you.
- Maintain a friendly expression.
- Move away from any physical barrier (ex. desk, table) between you and the person with whom you are speaking.
- Avoid nervous mannerisms like:
 - Restlessly moving in your chair when sitting
 - Fiddling with keys, pens, pencils, coins, etc.
 - Drumming your fingers and/or tapping your feet

Listening

- Give your complete attention to the other person.
- Be silent! Allow the other person space and time to talk.
- Think about what you are hearing while you listen to the person. Listen for the feelings and meaning behind the words being spoken.
- Listen with an open mind. Refrain from passing judgment on the other person.
- Respect the other person's right to feel the way he/she feels and to think the way he/she thinks, even if the person's viewpoint differs from your own.

Reflective Listening

- When listening “reflectively,” you may choose to repeat back part of what you heard the other person say.
- This demonstrates that you are listening and ensures that *accurate* communication is taking place because if you misunderstood the other person’s point, he/she has the opportunity to restate it.
- Using reflective listening demonstrates that you are interested in understanding what the other person is saying to you.

Speaking

- Avoid responding in a manner that demonstrates judgment and closes communication (ex. “I don’t believe you did that.”).
- Ask questions that invite the other person to say more. Asking questions lets the other person know that you are paying attention and are interested in what he/she is saying.
- Restate the other person’s words/feelings in your own words to ensure that you understood the person correctly. Ask for clarification if needed.

Communication in Context

- Communication is always contextually-based. The tone and topic of all communication are shaped by the perceptions, worldview, cultural background, value system, educational background, and language of *all* the people involved in the interaction.



- Context for communication is also provided by the time and location where the interaction is taking place (Ex: scheduled in-person meeting; impromptu contact in the hallway; phone call; email; text message; etc.).

Contextual Factors

Many contextual factors influence our perceptions of ourselves and the world around us. These factors shape what we believe, how we behave, and how we communicate with others. Examples include:

- Cultural background
- Family background: Influences instilled values; family language; how we define “family” (biological and/or chosen); generational considerations
- Geographical influences: Affect speech; local slang; local customs; dress; etc.
- Socioeconomic factors: Influence perceptions about social class, money, employment, power, and privilege
- Education/training: Formal education (college/graduate school/trade school) and learning from personal life experiences influence beliefs and language that we use
- Health considerations: Influences of diagnosis and disability; impacts of physical and/or mental health illness symptoms; impacts of stigma

Cultural Considerations

- There are many ways to define “culture.” Here are two examples:
 - “Behaviors and beliefs characteristic of a particular social, ethnic, or age group”
 - “Sum total of ways of living built up by a group of human beings and transmitted from one generation to another” (Harrington et al., 2011, p. 125).
- Cultures represent many people and can be based upon gender, ethnicity, age, sexual orientation, class, religion, military branch of service, etc.
- What is common to all cultures are shared beliefs, traditions, and language.
- Every person’s thoughts, beliefs, and behaviors are shaped to some degree by the culture(s) with which he/she identifies.

Cultural Considerations

Here are just a few examples of how culture can influence communication:

- Greetings: In some cultures, people greet others by hugging and/or kissing them, even if meeting for the first time. In other cultures, people shake hands. In yet other cultures, there may be no physical contact.

Hugging and/or kissing a Veteran you work with is strongly discouraged because it may be open to misinterpretation. Some Veterans may not want to be touched due to past traumas that they experienced. Wait to see if a Veteran extends a hand to you to shake before offering to shake hands with him/her.

- Language: We live in a multicultural world and in a multicultural country. English is not always an individual's primary or preferred language. If needed, interpreters are available to assist Veterans and their families during interactions with staff regarding a Veteran's health care. If you do not know how to involve an interpreter in your work if needed, consult with your supervisor.

Cultural Considerations

- Expressiveness: In some cultures, people talk freely and openly with anyone, demonstrate a range of facial expressions, and may use their hands to help illustrate their points during discussion. In other cultures, people are reluctant to talk with strangers and may appear guarded or stoic.
- Eye Contact: In some cultures, making direct eye contact with another person during conversation is considered part of social etiquette. In other cultures, making direct eye contact is considered disrespectful.
- Physical Space: In some cultures, people prefer to stand or sit close to another person during conversation. In other cultures, people prefer to keep a distance during conversation.

Cultural Considerations

Here are the main points for consideration in your work as a peer specialist:

- Think about your own cultural background and how it may be influencing your thoughts, beliefs, and behaviors. Give consideration to adjustments that you may need to make to your expressed beliefs and behaviors in order to be an effective communicator with Veterans and VHA staff from various backgrounds.
- Be careful not to make snap judgment about other people when they are different than yourself. Do not label them as having character flaws or assume that all behaviors that you see are due to physical and/or mental health issues. The individual's cultural background may be influencing his/her behavior and/or expressed beliefs.
- Do not assume that a person will exhibit certain behaviors and/or beliefs just because he/she is from a particular culture. Every person is still an individual and there are many factors that influence an individual's presentation.
- When working with a Veteran, ask questions about his/her cultural background to help you learn more about the Veteran and gain a better understanding about his/her interests, goals, and concerns.

Family Background

- Just as your family background has influenced your life, the same is true of everyone else, including the Veterans that we serve.
- What family means to each individual is different. Some individuals identify family as blood relatives. Others identify family as people they chose to be close with in their lives who are not biologically related to them.
- Be careful not to make assumptions about how a Veteran identifies his/her family members. For example, do not ask a male Veteran if he has a wife. The Veteran may have a same sex partner/husband. Ask the Veteran, “Do you have a significant other/partner?”
- Also, be careful not to make assumptions about how the Veteran values family relationships and what his/her family relationships should look like. Avoid using “should” in your conversations. For example, do not tell the Veteran he/she should reestablish contact with a particular family member unless the Veteran first expresses interest in doing so.

Geographical Influences

How does where you came from influence what you do and the way you communicate? Here are a few examples:

- Speech: The speed at which people talk can be influenced by where they live. For example, people from the northeastern U.S. are generally perceived to speak quickly whereas people from the southern U.S. are perceived to speak at a slower, more measured pace. Individuals may use different dialects and may have different accents depending on which region of a country that they are from.
- Local Slang: People learn some of their informal language from the place(s) where they have lived. Try to avoid using local slang words in your conversations with Veterans and other staff. They may be unfamiliar with the terms you are using which could potentially lead to misunderstanding.

Health Considerations

Due to the symptoms of a physical or mental health condition, some individuals may experience difficulties with paying attention, concentrating, and/or perceiving a situation in a realistic manner. If you encounter any of these issues in your work with a Veteran, it can be helpful in your interaction if you do one or more of the following:

- Repeat information as needed during your discussion.
- Provide the Veteran with written information related to the topic of your discussion for his/her later review.
- Check in and see if the Veteran understood a statement that you just made.
- If you do not understand something the Veteran has said, politely ask the Veteran to further explain his/her point.

Health Considerations

Due to limitations that a physical and/or mental health condition has imposed on a Veteran's life, and stigma that he/she may have experienced as a result, the Veteran may appear discouraged and believe he/she cannot accomplish personal goals. As a peer specialist, here are some helpful things you can do in your interactions with the Veteran:

- Share parts of your own recovery story that relate to the Veteran's experience. Talk about strategies and resources you have used to overcome personal challenges.
- Help the Veteran to identify his/her strengths and available resources and supports.
- Encourage the Veteran to set a realistic personal goal and take steps to accomplish it.

Role Play Practice Exercise

Please refer to the handout entitled, “Introduction to Effective PS Communication Skills Practice Exercise,” which accompanies this PowerPoint for instructions for the role play activity.



Technology in Communication

In your role as a peer specialist in VHA, here are some of the various ways you could communicate with Veterans and other staff members:

- Face-to-face conversation
- Email
- Phone call/voicemail message
- Text messaging
- Veterans' electronic medical records (CPRS)
- Teleconferencing, online live meetings, webinars, and other means of multimedia communication



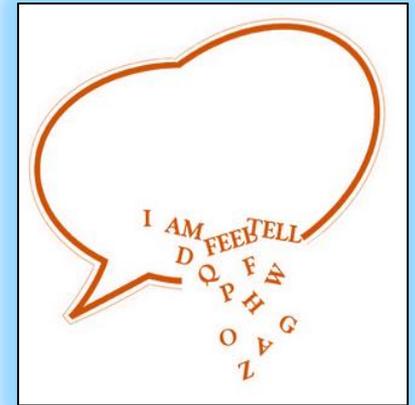
Positives to Using Technology

- Communication is immediate.
- Lends to greater efficiency within the workplace.
- Makes communication over distance possible.
- Enables a broad sharing of important information to happen quickly.
- Ensures continuity of care for the Veteran populations who we serve.



Negatives to Using Technology

- Communication can break down easily if the technology does not work properly.
- Important facts can be misunderstood or misinterpreted if not stated clearly.
- Facial expressions, body language, or tone of voice are not present to ensure that messages are interpreted correctly.
- Certain aspects of communication (humor, etc.) can be misinterpreted and lead to misunderstanding and ruptures in working relationships.
- For the abovementioned reasons, your communication style may need to be adjusted when using technology. It is essential that you **state your points clearly and precisely** so that your perspective can be understood by others when they are not in front of you to ask for clarification.



Email Communication

- As a rule, staff members in VHA are not allowed to email Veterans regarding their health care. If Veterans want to communicate via email, encourage them to use My Healthvet which allows them to use secure email correspondence with their health care providers.
- If you need to email a staff member regarding a Veteran's health care, ensure that you do the following:
 - Try to send the message using VISTA which is a more secure form of email communication.
 - If you need to use Outlook, send the message using PKI encryption to protect the sensitive information in the message.
 - Never include identifying information about the Veteran in the subject heading of your email message.
 - Only send the email message to the staff members who are involved with the Veteran's health care services.
- Email etiquette:
 - Be as **brief and concise** as possible with your message.
 - DO NOT TYPE IN CAPITAL LETTERS BECAUSE IT CAN BE PERCEIVED AS AGGRESSIVE BEHAVIOR.
 - Ensure that your message only goes to the intended person. Double-check email addresses as needed before sending your email message.
 - Do not participate in email storms by responding to everyone with "I agree," "Me too," "Thanks," "Please send me the info too," etc. to a message sent out to a group of people.

Voicemail & Text Messaging

- We all have a responsibility to protect Veterans' privacy and confidentiality to the greatest extent possible.
- If you need to leave a voicemail message for a Veteran, only leave your name, telephone number, and the best times to reach you for a return call. Do not state any information related to the purpose of your call because that information relates to the Veteran's health care and it is possible that others may hear the message instead of the Veteran.
- Do not send text messages to Veterans for whom you are providing services. It is not a secure form of communication.
- If you exchange text messages with another staff member, do not include any identifying information about a Veteran. Call or speak with the staff member in person if you need a consultation.

Peer-Specific Considerations in Communication

- Being recognized as a Veteran and fellow person in recovery, Veterans you work with may make assumptions about your peer status such as believing that everything they tell you will stay “just between us.” The Veterans may also wish to establish a personal relationship with you outside of your work together.
- Other health care professionals who you work with may be unfamiliar with what a peer specialist’s roles and responsibilities are in VHA. This could lead to confusion and you being asked to perform tasks outside of your expected job duties.
- For the abovementioned reasons and others, it is your responsibility to clearly describe your role(s) and the boundaries of the role(s) and to educate Veterans and other staff members about peer support services when needed.

Additional Tips about Effective Communication

- Avoid using a lot of VHA terms and acronyms (ex. CWT; VASH; VRAP) in your conversations with Veterans and/or their families because they may not know what those terms represent.
- Be careful about using slang, humor, and overly familiar language with Veterans and other staff members unless you know: (1) It is what they want; (2) They find it to be respectful and acceptable; and (3) It helps in establishing rapport to ultimately help meet Veterans' health care interests and needs.
- Be thoughtful about when to use humor in your interactions. If Veterans and/or other staff members do not know you well, your brand of humor could possibly lead to misunderstandings. A fair barometer is that if you have to explain your joke or say, "I'm just kidding," your humor was likely misunderstood.

Final Thoughts

- Comprehensive Veteran health care depends upon effective communication on all levels—whether through face-to-face interaction and/or use of technology.
- Effective communication is a learned skill and is something that must continually be practiced to optimize its effectiveness.
- Not all efforts to communicate well naturally translate from person to person. Many variables play into whether one's communication efforts are effective or not. Perspective, opinion, values, culture, etc. all play a part.
- As a peer specialist in VHA, you need to give consideration to all of the contextual factors involved in order to be thoughtful and effective in your communications with Veterans, their families, and other staff members.
- People are as varied as our styles of communication. To built rapport and establish productive working relationships, you need to be flexible in your communication style and adapt it as needed to best serve the individuals and settings in which you work.

References

- The four communication skills (n.d.). Retrieved December 17, 2012, from <http://www.maximumadvantage.com/communication-skills/>.
- Harrington, S., Dohoney, K., Gregory, W., O'Brien-Mazza, D., & Sweeney, P., (2011). *Department of Veterans Affairs peer specialist training manual—Instructor edition*, Washington, DC: United States Department of Veterans Affairs.
- Timmins, Amanda (n.d.). 5 classic body language tips (Are you forgetting these?). Retrieved December 17, 2012, from <http://kingpinlifestyle.com/5-classic-body-language-tips-are-you-forgetting-these/>.

Contact for the New England MIRECC Peer Education Center

Patricia Sweeney, Psy.D., CPRP

Education Director of VISN 1 New England MIRECC

Director of New England MIRECC Peer Education Center

Office Telephone: (781) 687-3015

Email: Patricia.Sweeney@va.gov